



# Declaration for Nomination and Oath of Candidacy

FOR FILING  
OFFICE ONLY

RECEIVED  
JAN 13 2022  
Filed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
Document # \_\_\_\_\_  
Fee paid: ☒ cash ☐ check ☐ credit  
By: \_\_\_\_\_  
Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: Cascade County Commission District 1 ☒ Republican OR ☐ Nonpartisan  
Full name of office including district and/or department numbers if applicable Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): Joe Briggs

Mailing Address 5900 Western Drive City and State Great Falls, Montana Zip Code 59404

Residence Address 5900 Western Drive City and State Great Falls, Montana Zip Code 59404

County of Residence Cascade Contact Phone (406) 868-8397 Email Address jbriggs@briggscom.com Website Address www.briggscom.com

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Residence Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING:

- ☐ (a) I hereby affirm that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, OR
- ☐ (b) I hereby affirm that I will meet the residency qualification(s) in (a) above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify.

FILING FEE – FEE MUST BE PAID BEFORE FILING IS VALID:

☒ Candidate Filing Fee, if applicable, in the amount of \$ 342.65 is hereby submitted with this Declaration and Oath of Candidacy.

OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:

I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

Signature of Candidate

01/13/2022

Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

Where to file Federal, Statewide,  
State District and Legislative offices:

Montana Secretary of State  
P.O. Box 202801  
State Capitol Building, 1301 E. 6<sup>th</sup> Ave  
2<sup>nd</sup> Floor, Room 260  
Helena, MT 59620  
Online: [sosmt.gov/elections/filing/](https://sosmt.gov/elections/filing/)  
Fax: 406-444-2023

Where to file County, City and most

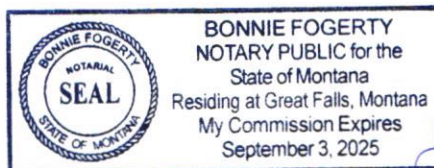
Local District offices:

County Election Office  
A list of county election offices may be  
found at: [sosmt.gov/elections](https://sosmt.gov/elections)

State of Montana

County of Cascade

Signed and sworn to before me this 13<sup>th</sup> day of January, 2022 by



Joe Briggs  
Printed Name of Candidate

Bonnie Fogerty  
Signature of Notary or Public Official

[SEAL/STAMP]





# Declaration for Nomination and Oath of Candidacy

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JAN 27 2021

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OFFICE ONLY

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Document # \_\_\_\_\_  
Fee paid: ☐ cash ☐ check \_\_\_\_\_ ☐ credit  
By: \_\_\_\_\_  
Deputy or Filing Officer \_\_\_\_\_

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for  
office of:

Cascade County Commissioner - District 3

☐ Republican

OR ☐ Nonpartisan

Full name of office including district and/or department numbers if applicable

Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot):

Rae "RAE" Grukowski

Mailing Address

P.O. Box 2404

City and State

Great Falls, MT

Zip Code

59403

Residence Address

1244 Evans - Riceville Rd.

City and State

Stockett, MT

Zip Code

59480

County of Residence

Cascade

Contact Phone

406-788-3204

Email Address

rae@carpsine.com

Website Address

rae-for-cascade-county.com

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot):

Mailing Address:

Residence Address:

Phone:

Email Address:

Website Address:

IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING:

- ☐ (a) I hereby affirm that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, OR
- ☐ (b) I hereby affirm that I will meet the residency qualification(s) in (a) above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify.

FILING FEE - FEE MUST BE PAID BEFORE FILING IS VALID:

☐ Candidate Filing Fee, if applicable, in the amount of \$ \_\_\_\_\_ is hereby submitted with this Declaration and Oath of Candidacy.

OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:

I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

Signature of Candidate

Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana

County of Cascade

Signed and sworn to before me this 27<sup>th</sup> day of Jan., 2022 by Rae Grukowski

Printed Name of Candidate

Keelan Hayworth  
Signature of Notary or Public Official

Keelan Hayworth  
Printed Name of Notary Public

Notary Public for the State of Montana

Residing at: Great Falls

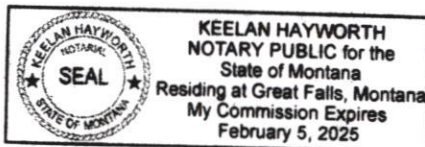
My commission expires: 2/5, 2025

Where to file Federal, Statewide,  
State District and Legislative offices:

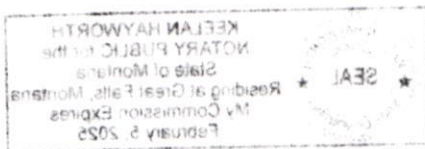
Montana Secretary of State  
P.O. Box 202801  
State Capitol Building, 1301 E. 6<sup>th</sup> Ave  
2<sup>nd</sup> Floor, Room 260  
Helena, MT 59620  
Online: [sosmt.gov/elections/filing/](http://sosmt.gov/elections/filing/)  
Fax: 406-444-2023

Where to file County, City and most  
Local District offices:

County Election Office  
A list of county election offices may be  
found at: [sosmt.gov/elections](http://sosmt.gov/elections)



[SEAL/STAMP]







# Declaration for Nomination and Oath of Candidacy

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 By: \_\_\_\_\_  
 Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: County Commission Dist 3 ☒ DEMOCRAT OR ☐ Nonpartisan  
 Full name of office including district and/or department numbers if applicable Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): DON RYAN

Mailing Address Box 2932 City and State GREAT Falls MONTANA Zip Code 59403

Residence Address 2101 7th Ave South City and State GREAT Falls MONTANA Zip Code 59405

County of Residence CASCADE Contact Phone 406-231-4049 Email Address contact@electdonryan.com Website Address electdonryan.com

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Residence Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING:

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FILING FEE - FEE MUST BE PAID BEFORE FILING IS VALID:

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OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:

I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

Signature of Candidate

Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

Where to file Federal, Statewide, State District and Legislative offices:

Montana Secretary of State  
 P.O. Box 202801  
 State Capitol Building, 1301 E. 6th Ave  
 2nd Floor, Room 260  
 Helena, MT 59620  
 Online: [sosmt.gov/elections/filing/](https://sosmt.gov/elections/filing/)  
 Fax: 406-444-2023

Where to file County, City and most

Local District offices:

County Election Office

A list of county election offices may be found at: [sosmt.gov/elections](https://sosmt.gov/elections)

State of Montana

County of Cascade

Signed and sworn to before me this 13th day of January, 2022 by



BONNIE FOGERTY  
 NOTARY PUBLIC for the  
 State of Montana  
 Residing at Great Falls, Montana  
 My Commission Expires  
 September 3, 2025

Printed Name of Candidate

Signature of Notary or Public Official

[SEAL/STAMP]





# Declaration for Nomination and Oath of Candidacy

RECEIVED  
JAN 13 2022

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Document # \_\_\_\_\_  
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By: \_\_\_\_\_  
Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: Cascade County Clerk & Recorder/Auditor/Surveyor ☒ Democrat OR ☐ Nonpartisan  
Full name of office including district and/or department numbers if applicable Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): Rina Fontana Moore

Mailing Address 200 13th Street North City and State Great Falls, MT Zip Code 59401

Residence Address 200 13th Street North City and State Great Falls, MT Zip Code 59401

County of Residence Cascade Contact Phone 406-788-1720 Email Address moorerinaf@msn.com Website Address NA

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Residence Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING:

- ☒ (a) I hereby affirm that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, OR
- ☐ (b) I hereby affirm that I will meet the residency qualification(s) in (a) above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify.

FILING FEE – FEE MUST BE PAID BEFORE FILING IS VALID:

☒ Candidate Filing Fee, if applicable, in the amount of \$ 357.81 is hereby submitted with this Declaration and Oath of Candidacy.

OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:

I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

Signature of Candidate

01/07/2022

Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana

County of Cascade

Signed and sworn to before me this 7th day of January, 2022 by



MARIE ELLEN JOHNSON  
NOTARY PUBLIC for the  
State of Montana  
Residing at Great Falls,  
Montana  
My Commission Expires  
February 21, 2023

Rina Fontana Moore  
Printed Name of Candidate

Signature of Notary or Public Official

[SEAL/STAMP]

## Where to file Federal, Statewide, State District and Legislative offices:

Montana Secretary of State  
P.O. Box 202801  
State Capitol Building, 1301 E. 6th Ave  
2nd Floor, Room 260  
Helena, MT 59620  
Online: [sosmt.gov/elections/filing/](https://sosmt.gov/elections/filing/)  
Fax: 406-444-2023

## Where to file County, City and most Local District offices:

County Election Office  
A list of county election offices may be  
found at: [sosmt.gov/elections](https://sosmt.gov/elections)





# Declaration for Nomination and Oath of Candidacy

MAR 10 2022

FOR FILING OFFICE ONLY

Filed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
Document # \_\_\_\_\_  
Fee paid: ☐ cash ☐ check ☐ credit  
By: \_\_\_\_\_  
Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: Cascade County Clerk + Recorder ☐ Republican OR ☐ Nonpartisan  
Full name of office including district and/or department numbers if applicable Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): Sandra Merchant

Mailing Address 1717 4th Ave. N City and State Great Falls, MT Zip Code 59401

Residence Address 1717 4th Ave. N City and State Great Falls, MT Zip Code 59401

County of Residence Cascade Contact Phone 406-781-7592 Email Address smmerchantforcountyclerk@protonmail.com Website Address \_\_\_\_\_

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Residence Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING:

- ☐ (a) I hereby affirm that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, OR
- ☐ (b) I hereby affirm that I will meet the residency qualification(s) in (a) above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify.

FILING FEE - FEE MUST BE PAID BEFORE FILING IS VALID:

☒ Candidate Filing Fee, if applicable, in the amount of \$ \_\_\_\_\_ is hereby submitted with this Declaration and Oath of Candidacy.

OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:

I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

Sandra Merchant  
Signature of Candidate

3/7/22  
Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana

County of Cascade

Signed and sworn to before me this 7th day of March, 20 22 by Sandra Merchant  
Printed Name of Candidate

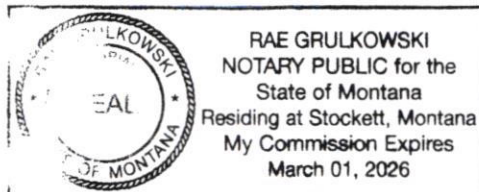
Rae Grulkowski  
Signature of Notary or Public Official

Where to file Federal, Statewide, State District and Legislative offices:

Montana Secretary of State  
P.O. Box 202801  
State Capitol Building, 1301 E. 6th Ave  
2nd Floor, Room 260  
Helena, MT 59620  
Online: [sosmt.gov/elections/filing/](http://sosmt.gov/elections/filing/)  
Fax: 406-444-2023

Where to file County, City and most Local District offices:

County Election Office  
A list of county election offices may be found at: [sosmt.gov/elections](http://sosmt.gov/elections)



[SEAL/STAMP]

Rae Grulkowski  
Printed Name of Notary Public

Notary Public for the State of MT

Residing at: Cascade County

My commission expires: 3, 20 26







# Declaration for Nomination and Oath of Candidacy

JAN 13 2022

FOR FILING  
OFFICE ONLY

Filed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
Document # \_\_\_\_\_  
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By: \_\_\_\_\_  
Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: Cascade County Attorney ☒ Democratic Party OR ☐ Nonpartisan  
Full name of office including district and/or department numbers if applicable Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): Joshua A. Racki

Mailing Address: Po Box 381 City and State: Great Falls, MT Zip Code: 59403

Residence Address: 2544 Castle Pines Way City and State: Great Falls, MT Zip Code: 59405

County of Residence: Cascade Contact Phone: (406) 231-7086 Email Address: racki4CCA@gmail.com Website Address: \_\_\_\_\_

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Residence Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING:

- ☐ (a) **I hereby affirm** that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, **OR**
- ☐ (b) **I hereby affirm** that I will meet the residency qualification(s) in (a) above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify.

FILING FEE — FEE MUST BE PAID BEFORE FILING IS VALID:

☒ Candidate Filing Fee, if applicable, in the amount of \$ \$608.85 is hereby submitted with this Declaration and Oath of Candidacy.

OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:

**I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.**

Signature of Candidate

Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

## Where to file Federal, Statewide, State District and Legislative offices:

Montana Secretary of State  
P.O. Box 202801  
State Capitol Building, 1301 E. 6th Ave  
2nd Floor, Room 260  
Helena, MT 59620  
Online: [sosmt.gov/elections/filing/](https://sosmt.gov/elections/filing/)  
Fax: 406-444-2023

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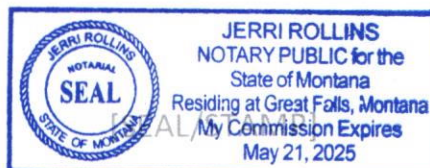
State of Montana

County of Cascade

Signed and sworn to before me this 13 day of January, 2022 by

Joshua A. Racki  
Printed Name of Candidate

Signature of Notary or Public Official







# Declaration for Nomination and Oath of Candidacy

FEB 25 2022

FOR FILING  
OFFICE ONLY

Filed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
Document # \_\_\_\_\_  
Fee paid: ☐ cash ☐ check \_\_\_\_\_ ☐ credit  
By: \_\_\_\_\_  
Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: Justice of the Peace / Department 1 ☐ \_\_\_\_\_ OR ☒ Nonpartisan  
Full name of office including district and/or department numbers if applicable Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): Eric J. Bailey

Mailing Address 1041 Suburban Drive City and State Great Falls, MT Zip Code 59404

Residence Address 1041 Suburban Drive City and State Great Falls, MT Zip Code 59404

County of Residence Cascade Contact Phone 406-590-0175 Email Address ebailey136@yahoo.com Website Address N/A

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Residence Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

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FILING FEE - FEE MUST BE PAID BEFORE FILING IS VALID:

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OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:

I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

Signature of Candidate

Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

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Fax: 406-444-2023

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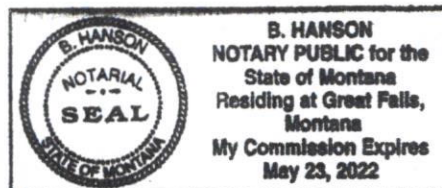
County Election Office  
A list of county election offices may be  
found at: [sosmt.gov/elections](http://sosmt.gov/elections)

State of Montana

County of CASCADE

Signed and sworn to before me this 25 day of FEBRUARY, 20 22 by

ERIC JAMES BAILEY



ERIC JAMES BAILEY  
Printed Name of Candidate

[Signature]  
Signature of Notary or Public Official

[SEAL/STAMP]

NOTARY PUBLIC IN &  
State of Michigan  
Residing in Grand Haven  
Michigan  
My Commission Expires  
May 22, 2011







# Declaration for Nomination and Oath of Candidacy

RECEIVED  
JAN 13 2022  
BY: \_\_\_\_\_

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By: \_\_\_\_\_  
Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: JUSTICE OF THE PEACE #1 ☐ \_\_\_\_\_ OR ☒ Nonpartisan  
Full name of office including district and/or department numbers if applicable Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): DAVE PHILLIPS

Mailing Address: PO Box 964 City and State: GREAT FALLS MT Zip Code: 59403

Residence Address: 1417 3RD AVE ND City and State: GREAT FALLS MT Zip Code: 59401

County of Residence: CASCADE Contact Phone: 406 788 2582 Email Address: DAVE@JUDGE.DAVE.PHILLIPS.ORG Website Address: JUDGE.DAVE.PHILLIPS.ORG

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Residence Address: \_\_\_\_\_  
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OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:

I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

Signature of Candidate

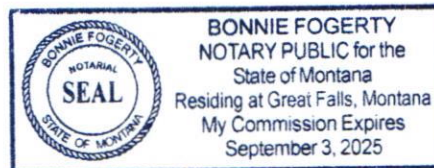
Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana

County of Cascade

Signed and sworn to before me this 15th day of January, 2022 by



Printed Name of Candidate

Signature of Notary or Public Official

Where to file Federal, Statewide, State District and Legislative offices:  
Montana Secretary of State  
P.O. Box 202801  
State Capitol Building, 1301 E. 6th Ave  
2nd Floor, Room 260  
Helena, MT 59620  
Online: [sosmt.gov/elections/filing/](http://sosmt.gov/elections/filing/)  
Fax: 406-444-2023

Where to file County, City and most Local District offices:  
County Election Office  
A list of county election offices may be found at: [sosmt.gov/elections](http://sosmt.gov/elections)

[SEAL/STAMP]





# Declaration for Nomination and Oath of Candidacy

FEB 10 2021

FOR FILING  
OFFICE ONLY

Filed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
Document # \_\_\_\_\_  
Fee paid: ☐ cash ☐ check \_\_\_\_\_ ☐ credit  
By: \_\_\_\_\_  
Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: CASCADE County Justice of the Peace #2 ☐ ☒ Nonpartisan  
Full name of office including district and/or department numbers if applicable Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): Steven T. Fagenstrom

Mailing Address City and State Zip Code  
2606 3rd Ave. N GREAT FALLS, MONTANA 59401

Residence Address City and State Zip Code  
2606 3rd Ave. N GREAT FALLS, MONTANA 59401

County of Residence Contact Phone Email Address Website Address  
CASCADE 406 771 1028 SFagenstrom@mt.gov NONE

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Residence Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING:

- ☐ (a) I hereby affirm that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, OR
- ☐ (b) I hereby affirm that I will meet the residency qualification(s) in (a) above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify.

FILING FEE - FEE MUST BE PAID BEFORE FILING IS VALID:

☒ Candidate Filing Fee, if applicable, in the amount of \$ 342.65 is hereby submitted with this Declaration and Oath of Candidacy.

OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:

I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

Signature of Candidate

Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

Where to file Federal, Statewide,  
State District and Legislative offices:

Montana Secretary of State  
P.O. Box 202801  
State Capitol Building, 1301 E. 6th Ave  
2nd Floor, Room 260  
Helena, MT 59620  
Online: [sosmt.gov/elections/filing/](http://sosmt.gov/elections/filing/)  
Fax: 406-444-2023

Where to file County, City and most  
Local District offices:

County Election Office  
A list of county election offices may be  
found at: [sosmt.gov/elections](http://sosmt.gov/elections)

State of Montana

County of Cascade

Signed and sworn to before me this 10th day of February, 2022 by



BONNIE FOGERTY  
NOTARY PUBLIC for the  
State of Montana  
Residing at Great Falls, Montana  
My Commission Expires  
September 3, 2025

Printed Name of Candidate

Signature of Notary or Public Official

[SEAL/STAMP]





# Declaration for Nomination and Oath of Candidacy

FOR FILING  
OFFICE ONLY

Filed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
Document # \_\_\_\_\_  
Fee paid: ☐ cash ☐ check ☐ credit  
By: \_\_\_\_\_  
Deputy of Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: PUBLIC ADMINISTRATOR - CASCADE COUNTY ☐ DEMOCRAT OR ☐ Nonpartisan  
Full name of office including district and/or department numbers if applicable Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): GERALD W. BOLAND

Mailing Address City and State Zip Code  
P.O. BOX 2365 GREAT FALLS, MT 59403

Residence Address City and State Zip Code  
626 CAROL DR GREAT FALLS, MT 59405

County of Residence Contact Phone Email Address Website Address  
CASCADE 406-799-6937 BOLAND@EYE OUTLOOK.COM

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Residence Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING:

- ☐ (a) I hereby affirm that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, OR
- ☐ (b) I hereby affirm that I will meet the residency qualification(s) in (a) above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify.

FILING FEE - FEE MUST BE PAID BEFORE FILING IS VALID:

☐ Candidate Filing Fee, if applicable, in the amount of \$ 10.00 is hereby submitted with this Declaration and Oath of Candidacy.

OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:

I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

Gerald W. Boland  
Signature of Candidate

01-13-2022  
Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

Where to file Federal, Statewide,  
State District and Legislative offices:

Montana Secretary of State  
P.O. Box 202801  
State Capitol Building, 1301 E. 6th Ave  
2nd Floor, Room 260  
Helena, MT 59620  
Online: [sosmt.gov/elections/filing/](http://sosmt.gov/elections/filing/)  
Fax: 406-444-2023

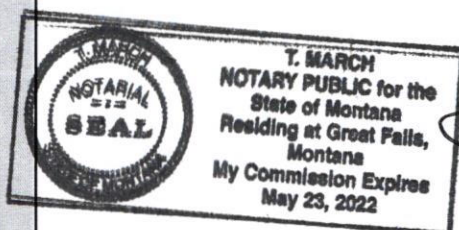
Where to file County, City and most  
Local District offices:

County Election Office  
A list of county election offices may be  
found at: [sosmt.gov/elections](http://sosmt.gov/elections)

State of Montana

County of Montana

Signed and sworn to before me this 13 day of January, 2022 by



Gerald W. Boland  
Printed Name of Candidate

T. March  
Signature of Notary or Public Official

[SEAL/STAMP]





# Declaration for Nomination and Oath of Candidacy

JAN 13 2022

FOR FILING  
OFFICE ONLY

Filed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
Document # \_\_\_\_\_  
Fee paid: ☐ cash ☐ check \_\_\_\_\_ ☐ credit  
By: \_\_\_\_\_  
Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: Sheriff/Coroner ☒ REPUBLICAN OR ☐ Nonpartisan  
Full name of office including district and/or department numbers if applicable Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): JESSE SLAUGHTER

Mailing Address PO BOX 3131 City and State GREAT FALLS MT Zip Code 59403

Residence Address 3313 12TH ST NE City and State GREAT FALLS MT Zip Code 59404

County of Residence CASCADE Contact Phone 406-750-2389 Email Address JESSE@SHERIFFSLAUGHTER.COM Website Address \_\_\_\_\_

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Residence Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING:

- ☐ (a) I hereby affirm that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, OR
- ☐ (b) I hereby affirm that I will meet the residency qualification(s) in (a) above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify.

FILING FEE - FEE MUST BE PAID BEFORE FILING IS VALID:

☒ Candidate Filing Fee, if applicable, in the amount of \$ 366.02 is hereby submitted with this Declaration and Oath of Candidacy.

OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:

I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

Signature of Candidate

Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

Where to file Federal, Statewide,  
State District and Legislative offices:

Montana Secretary of State  
P.O. Box 202801  
State Capitol Building, 1301 E. 6th Ave  
2nd Floor, Room 260  
Helena, MT 59620  
Online: [sosmt.gov/elections/filing/](http://sosmt.gov/elections/filing/)  
Fax: 406-444-2023

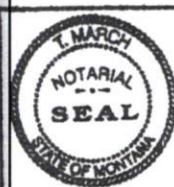
Where to file County, City and most  
Local District offices:

County Election Office  
A list of county election offices may be  
found at: [sosmt.gov/elections](http://sosmt.gov/elections)

State of Montana

County of Cascade

Signed and sworn to before me this 13 day of January, 2022 by



T. MARCH  
NOTARY PUBLIC for the  
State of Montana  
Residing at Great Falls,  
Montana  
My Commission Expires  
May 23, 2022

Printed Name of Candidate

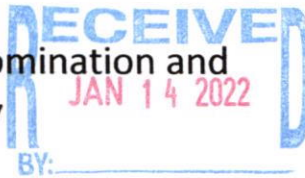
Signature of Notary or Public Official

[SEAL/STAMP]





# Declaration for Nomination and Oath of Candidacy



FOR FILING  
OFFICE ONLY

Filed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
Document # \_\_\_\_\_  
Fee paid: ☐ cash ☐ check \_\_\_\_\_ ☐ credit  
By: \_\_\_\_\_  
Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for  
office of:

**Cascade County Treasurer & Supt of Schools**  
Full name of office including district and/or department numbers if applicable

☒ **Republican** OR ☐ Nonpartisan  
Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): **Diane Heikkila**

Mailing Address

**PO Box 314**

City and State

**Belt, MT**

Zip Code

**59412**

Residence Address

**304 Main Street**

City and State

**Belt**

Zip Code

**59412**

County of Residence

**Cascade**

Contact Phone

**406-868-5729**

Email Address

**pdheikkila@gmail.com**

Website Address

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot):

Mailing Address: Residence Address:

Phone: Email Address: Website Address:

IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING:

- ☐ (a) **I hereby affirm** that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, **OR**
- ☐ (b) **I hereby affirm** that I will meet the residency qualification(s) in (a) above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify.

FILING FEE – FEE MUST BE PAID BEFORE FILING IS VALID:

☐ Candidate Filing Fee, if applicable, in the amount of \$ **357.81** is hereby submitted with this Declaration and Oath of Candidacy.

OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:

**I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.**

*Diane Heikkila*  
Signature of Candidate

**1/14/2022**  
Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

**Where to file Federal, Statewide,  
State District and Legislative offices:**

Montana Secretary of State  
P.O. Box 202801  
State Capitol Building, 1301 E. 6th Ave  
2nd Floor, Room 260  
Helena, MT 59620  
Online: [sosmt.gov/elections/filing/](http://sosmt.gov/elections/filing/)  
Fax: 406-444-2023

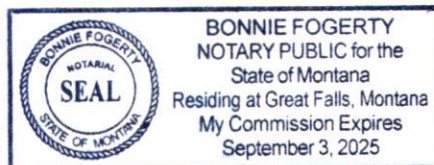
**Where to file County, City and most  
Local District offices:**

County Election Office  
A list of county election offices may be  
found at: [sosmt.gov/elections](http://sosmt.gov/elections)

State of Montana

County of **Cascade**

Signed and sworn to before me this **14th** day of **January**, 20**22** by



*Diane Heikkila*  
Printed Name of Candidate

*Bonnie Fogerty*  
Signature of Notary or Public Official

[SEAL/STAMP]